



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

NOTICE OF APPEAL

IN THE MATTER OF

A YOUTH UNDER THE AGE OF 18 YEARS

The above-named youth hereby gives notice to the Department that he/she is appealing the decision of the Hearings Officer. The decision to appeal is based on the following reason(s):

- ☐ I did not have the opportunity to be heard in person.
- ☐ I did not have the opportunity to present witnesses.
- ☐ I did not have the opportunity to present documentary evidence to show that there are compelling reasons which justify or mitigate the violation(s).
- ☐ I was not allowed an opportunity to subpoena witnesses.
- ☐ I was not allowed to confront or cross-examine adverse witnesses.
- ☐ I was not represented by an attorney.
- ☐ The hearing was not held within ten days of the date of my detention or being served the Notice of Alleged Violations.
- ☐ Other: *(be specific)* _____

Dated this _____ day of _____, _____.

Youth Signature

Date

Attorney Signature

Date

Copy: Youth, Youth's Attorney, Hearings Officer, Parents/Guardians/Custodians or their Representatives, Youth Correctional Facility